therapy regimen but without cetuximab. The choice of taxane was at the discretion of the investigator but had to be made before randomization since on-study taxane (paclitaxel or docetaxel), ECOG PS (0 vs. 1) and site were part of the stratification scheme. The primary endpoint was progression-free-survival (PFS) as determined by an Independent Radiology Review Committee. In order to have 90% power to detect a hazard ratio of 0.75 of the combination arm over the control arm 510 progression events were required. Secondary endpoints included response rate, time to response, duration of response, disease control rate, quality of life and overall survival (OS).

Results and Conclusions: From December 2004 until October 2006 676 patients were randomized at 97 centers in the US: 58.6% men, 41.4 % women with a median age of 65 years (range 34-87). Data on the primary and secondary objectives along with unblinded safety data will be presented at the meeting.

B3-04 **Molecular Targeted Therapy: EGFR Inhibitors, Tue, 13:45 - 15:30**

Gefitinib (IRESSA) versus vinorelbine in chemonaïve elderly patients with advanced non-small-cell lung cancer (INVITE): a randomized Phase II study

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Background: This Phase II, open-label, parallel-group study (INVITE [IRESSA in NSCLC vs Vinorelbine Investigation in The Elderly]) compared gefitinib (IRESSA) with vinorelbine in chemonaïve elderly patients with locally advanced or metastatic non small-cell lung cancer.

Methods: Patients (≥70 years; performance status ≤2) were randomized to gefitinib (250 mg/day orally) or vinorelbine (30 mg/m^2 infusion on Days 1 and 8 of a 21 day cycle). The primary endpoint was progression-free survival (PFS). Secondary endpoints were overall survival (OS), objective response rate (ORR; assessed by RECIST), quality of life (QoL; assessed by Functional Assessment of Cancer Therapy Lung [FACT-L] and improvement in the physical aspects of QoL as measured by the trial outcome index [TOI]), pulmonary symptom improvement (PSI; assessed by the 4 pulmonary items of the lung cancer symptoms subscale [LCS] of the FACT-L) and adverse event (AE) profile. Exploratory analysis included EGFR gene copy number by fluorescence in situ hybridization (FISH), EGFR protein expression and EGFR mutation analysis.

Results: 196 patients (75.5% male, 85.7% regular/ex smokers, 40.3% adenocarcinoma) from a total of 10 countries were randomized to gefitinib (n=97) or vinorelbine (n=99). Hazard ratios (HR) for PFS and OS were 1.19 (95% CI 0.85, 1.65) and 0.98 (95% CI 0.66, 1.47), respectively, for gefitinib vs vinorelbine. ORR and disease control rates were 3.1% and 43.3% (gefitinib) and 5.1% and 53.5% (vinorelbine), respectively. FACT-L QoL improvement rates were higher with gefitinib vs vinorelbine (24.3% vs 10.9%, respectively) as was the TOI (22.9% vs 6.3%, respectively). Symptom improvement rates appeared similar with gefitinib vs vinorelbine: 36.6% vs 31.0% for PSI and 42.9% vs 39.1% on the LCS. In the EGFR FISH-positive subgroup (n=54), HRs for gefitinib vs vinorelbine were 3.13 (95% CI 1.45, 6.76) for PFS and 2.88 (95% CI 1.21, 6.83) for OS. In the EGFR FISH-negative subgroup (n=104), HRs for gefitinib vs vinorelbine were 0.93 (95% CI 0.59, 1.46) for PFS and 0.79 (95% CI 0.46, 1.37) for OS. Few patients had tumor samples that were EGFR protein expression negative (13/157 [8.3%] patients) or EGFR mutation-positive (7/65 [10.8%] patients), precluding further analysis of these data. The gefitinib arm had fewer treatment-related grade 3-5 AEs compared with vinorelbine (12.8% vs 41.7%). The most common AEs were rash and diarrhea for gefitinib, and constipation, fatigue and neutropenia for vinorelbine. There were three treatment-related deaths in the vinorelbine arm, and none in the gefitinib arm.

Conclusions: Although the primary endpoint of demonstrating superior PFS for gefitinib relative to vinorelbine was not met, gefitinib was broadly similar to vinorelbine in terms of PFS, OS and ORR in this first-line study in elderly patients. Gefitinib was better tolerated than vinorelbine. Overall QoL improvement, including TOI, was increased with gefitinib compared with vinorelbine, while PSI and LCS was similar in both arms. The difference between gefitinib and vinorelbine in the small exploratory analyses of FISH positive patients requires further investigation.

IRESSA is a trademark of the AstraZeneca group of companies

B3-05 **Molecular Targeted Therapy: EGFR Inhibitors, Tue, 13:45 - 15:30**

Meta-analysis comparing docetaxel and vinca-alkaloids in the first-line treatment of NSCLC. Comparison of results based on individual patient data, study report data, and published data

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Background: Meta-analyses based on data extracted from the literature rather than on individual patient data (IPD) must be interpreted with caution. We compare here results obtained with 3 sources: published data, study report data and IPD in analyzing randomized studies comparing docetaxel to vinca-alkaloïds in first line treatment of NSCLC.

Material and Methods: Study search and selection have been previously described [Douillard JY et al. Proc ASCO 2006]. Summary statistics to perform a meta-analysis of published data were either directly extracted (hazard ratio (HR) and 95% CI available) or derived from the number of deaths and log-rank p value [Parmar M et al. Stat Med 1998; 17: 2815-34]. Summary statistics of the study report data were either directly extracted, derived, or computed using life tables. All analyses were performed on an intention-to-treat basis when available. Logarithms of the HR were pooled by the inverse-variance weighting method. For IPD, the meta-analysis was performed by a log-rank test stratified for study.